



All sections must be completed and required documentation attached before placement can be confirmed in writing.

Information Guide & Expectations

Our Purpose

Recovery Tails Society provides temporary pet care for individuals accessing treatment, recovery programs, or other critical life transitions. Our goal is to reduce barriers to care by ensuring pets are safe during times of transition.

What to Expect

- 1 Referral package is submitted in full.
- 2 Required documentation is reviewed.
- 3 Behavioural and safety assessment is conducted.
- 4 Placement confirmation is issued in writing.

Pet care does not begin until written confirmation is provided.

Safety & Placement Boundaries

Full behavioural disclosure is required to ensure safe foster matching.

RTS reserves the right to pause or terminate placement if undisclosed safety concerns arise.

RTS provides temporary care only and does not offer permanent surrender services.

Services Provided

Depending on capacity and safety review, RTS may provide:

- Temporary foster placement
- Transportation support (pre-arranged only)
- Coordinated reunification planning

Services are not guaranteed until confirmed in writing.

Veterinary Guidelines

Vaccination records must be provided prior to placement confirmation.

Any required veterinary appointments must be pre-scheduled.

Payment responsibility must be confirmed before appointments.

RTS does not authorize procedures without guardian consent unless emergency safety requires immediate action.

Reunification Planning

Clients must notify RTS of any change to their program timeline.

RTS requires 2–5 business days to coordinate safe reunification.

Same-day pet return is not guaranteed.

Transportation coordination must be pre-arranged and is subject to volunteer availability.



PART A - CLIENT INFORMATION

1. Client Information

Full legal name:

Preferred name:

Phone number:

Email:

Emergency contact name:

Relationship:

Emergency contact phone:

2. Location

Which area of Vancouver Island are you located in?

☐ Greater Victoria

Address:

☐ Cowichan Valley

Address:

☐ Nanaimo / Central Island

Address:

☐ Comox Valley

Address:

☐ North Island

Address:

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PART A - CLIENT INFORMATION (continued)

3. Alternate Contact for Pet Coordination

RTS requires an alternate contact. An alternate contact helps ensure timely reunification and prevents delays if the client cannot be reached.

If Recovery Tails Society cannot reach the client, this person may be contacted regarding the pet's care or reunification planning.

Contact name:

Relationship to client:

Phone number:

Email (optional):

Is this person aware of the pet placement?

☐ Yes ☐ No

Has the client given permission for RTS to communicate with this person regarding the pet's care if the client cannot be reached?

☐ Yes ☐ No

Would this person be able to assist with reunification if needed?

☐ Yes ☐ No ☐ Unsure

Would this person be willing to temporarily care for the pet if placement ends unexpectedly?

☐ Yes ☐ No ☐ Unsure

PART B - PROGRAM PARTICIPATION

Reason for referral:

☐ Entering treatment program

☐ Recovery housing placement

☐ Medical procedure

Other:

Program name:

Program location:



PART B - PROGRAM PARTICIPATION (continued)

Program contact (if applicable):

Program contact phone:

Admission date:

Estimated completion date:

Date pet care is expected to begin:

PART C - PET INFORMATION

1. Base Information

Pet name:

Breed:

Species:

☐ Dog ☐ Cat ☐ Other

If other, specify:

Age:

Veterinary clinic name:

Sex:

☐ Male ☐ Female

Spayed / neutered:

☐ Yes ☐ No

Microchipped:

☐ Yes ☐ No

Vaccinations up to date:

☐ Yes ☐ No

Clinic phone number:

Mobility limitations:



PART C - PET INFORMATION (continued)

1. Base Information continued

Medical conditions or medications:

2. Behaviour & Environment Fit

General temperament:

Comfortable with other animals

☐ Yes

☐ No

Comfortable with children

☐ Yes

☐ No

Comfortable in new environments

☐ Yes

☐ No

Comfortable being alone for several hours

☐ Yes

☐ No

Behaviour concerns:

☐ Separation anxiety

☐ Reactivity on leash

☐ Resource guarding

☐ Fear of loud noises

☐ Escape behaviours

Describe behavioural concerns:



PART C - PET INFORMATION (continued)

2. Behaviour & Environment Fit continued

Has your pet ever bitten/injured a person or another animal?

☐ Yes ☐ No

If yes, describe incident(s), injury obtained, and management strategies:

3. Previous Care Experiences

Has the pet previously stayed with a foster caregiver or pet sitter?

☐ Yes ☐ No

If yes, how did those experiences generally go?

4. Daily Routine & Comfort Supports

Feeding schedule:

Exercise needs:

Sleeping arrangements:

What helps your pet feel safe?

Known stress triggers:



PART C - PET INFORMATION (continued)

5. Additional Information

Additional information that will help RTS support your pet:

6. Supplies Provided

- | | | |
|---|---------------------------------|---|
| ☐ Food | ☐ Treats | ☐ Bed or blanket |
| ☐ Crate | ☐ Collar | ☐ Harness |
| ☐ Leash | ☐ Toys | ☐ Medication |
| ☐ Food and water bowls | | |

Other:

7. 48-Hour Behavioural Assessment Agreement

All pets entering foster care undergo a 48-hour behavioural adjustment period. If undisclosed behaviours or safety risks arise, Recovery Tails Society may pause or terminate placement.

- ☐ I understand and agree

Who is RTS able to reach out to in case of urgent termination?

Name:

Phone:

Relationship:



PART D - CURRENT PET LOCATION

Where is the pet currently located?

- ☐ With client ☐ With friend / family
- ☐ At housing site ☐ Other

If other, specify:

Address where pet will be picked up:

Contact person for pickup:

Phone number:

PART E - CLIENT AGREEMENT

Surrender Prevention Policy

Recovery Tails Society provides temporary care only. You remain the legal guardian of your pet. RTS does not assume permanent ownership.

☐ I understand and agree

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PART E - CLIENT AGREEMENT (continued)

Consent and Signature

- ☐ I confirm that the information provided in this form is accurate and complete to the best of my knowledge.
- ☐ I understand that full disclosure of medical and behavioural history is required to ensure safe and appropriate placement.
- ☐ I understand that RTS may terminate foster support if significant behavioural, medical, or safety concerns arise that were not disclosed in this inquiry.
- ☐ I understand that I remain the legal guardian of my pet during the foster period.
- ☐ I understand that RTS provides temporary care only and does not assume ownership of my pet.
- ☐ I agree to remain reachable during the foster period and to communicate any changes in treatment timelines or circumstances.
- ☐ I understand that I am responsible for arranging alternate care if foster placement must end due to safety concerns.
- ☐ I understand that I may be responsible for veterinary costs unless otherwise agreed upon in writing.
- ☐ I understand that foster caregivers are volunteers and that their safety and the safety of all animals is a priority.
- ☐ I agree to provide required veterinary records, including proof of vaccinations, prior to placement or as soon as possible.
- ☐ I understand that failure to retrieve my pet at the agreed-upon end date may result in additional action as outlined in the foster agreement.

Signature:

Date:

PART F - REQUIRED DOCUMENTATION

Please attach the following documents if available:

- ☐ Proof of rabies vaccination
- ☐ Proof of core vaccinations (DHPP / FVRCP)
- ☐ Most recent veterinary record
- ☐ Current medication list
- ☐ Microchip information

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PART F - REQUIRED DOCUMENTATION (continued)

If there is a history of aggression, please provide:

- Description of incident(s)
- Injury obtained
- Known triggers
- Proven management strategies

RTS may require a veterinary appointment prior to placement if documentation cannot be confirmed.